



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/921,118
	Filing Date	August 2, 2001
	First Named Inventor	Schultz, Roger L.
	Art Unit	2635
	Examiner Name	Dang, Hung Q.
Total Number of Pages in This Submission	Attorney Docket Number	990114 U1 USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks Transmittal for Supplemental IDS; Transmittal for Drawing Corrections; Check Submission of Terminal Disclaimer (\$130) and IDS (\$180) = (\$310) Postcard acknowledgement	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Peter V. Schroeder, Reg. No. 42,132
Signature	
Date	January 18, 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Jacqueline E. Butler		
Signature		Date	January 18, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	09/921,118
Filing Date	August 2, 2001
First Named Inventor	Schultz, Roger L.
Examiner Name	Dang, Hung Q.
Art Unit	2635
Attorney Docket No.	990114 U1 USA

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3037 Deposit Account Name: Crutsinger & Booth, LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer (\$130) - Supplemental IDS (\$180)

Fees Paid (\$)

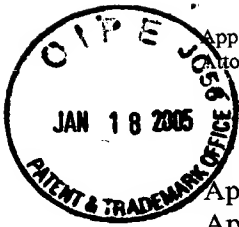
\$310.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 42,132	Telephone (214) 220-0444
Name (Print/Type)	Peter V. Schroeder	Date	1/18/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Appl. No. 09/921,118
Attorney Docket No.: 990114 U1 USA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Roger L. Schultz
Application No.: 09/921,118
Filed: August 2, 2001
TC/A.U.: 2635
Examiner: Dang, Hung Q.
Docket No.: 990114 U1 USA
Customer No.: 1224
Confirmation No.: 7076
Title: ADAPTIVE ACOUSTIC TRANSMITTER
CONTROLLER APPARATUS AND METHOD

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL FOR DRAWING CORRECTIONS

Dear Sir:

Transmitted herewith are two (2) sheets of requested drawing corrections including Figures 2 and 3. The requested drawing corrections are indicated in red ink on the figures.

Please substitute the new drawings for the corresponding figures filed originally. Applicant respectfully urges that the requested drawing corrections be approved. The Commissioner for Patents is hereby authorized to charge any additional fees relating to this paper or credit any overpayment to Deposit Account No. 50-3037. A duplicate copy of this fee authorization sheet is enclosed.

Date: January 18, 2005


EXPRESS MAIL CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service via Express Mail Label Number EV 431 690 332 US to the Commissioner of Patents, Mail Stop: Amendment, P.O. Box 1450, Alexandria, VA 22313-1450.

on January 18, 2005
Date of Deposit

Jacqueline E. Butler
Typed or Printed Name of Person Signing Certificate
Jacqueline Butler
Signature of Person Signing Certificate
January 18, 2005
Date of Signature

Respectfully submitted,


Peter V. Schroeder, Reg. 42,132
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(214) 220-0444, Fax (214) 220-0445

ATTORNEYS FOR APPLICANT

TRANSMITTAL FOR CORRECTED DRAWINGS